

638647

POSITION	ID NO.	DATE
CLASSIFIER	179	1-29-83
EXAMINER	519	1-19-83
TYPIST	519	1-29-83
VERIFIER	101	1-29-83
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
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SYMBOLS

✓	Revised
✗	Cancelled
— (Through number)	Cancelled
+	Restricted
N	Non-elect
I	Informational
A	Appeal
O	Objected

Claim	Date
51	
52	
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(LEFT INSIDE)